



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number

15095 150195

2. Committee Name

**Friends of Janet Santos**

5. Committee's Mailing Address

4646 Morningside Drive  
Bay City MI 48706

Area Code and Phone (989) 686-6479

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

Area Code and Phone

3. This Statement covers From:

07/21/08 to 08/25/08

4. Candidate Last Name

First Name

M.I.

Santos

Janet

4a. Office Sought Including District # or Community Served (If applicable)

**Bangor Township Clerk**

4b. County of Residence Bay

6. Treasurer's Name & Residential Address

Pedro Santos  
4646 Morningside Drive  
Bay City MI 48706

Area Code & Phone (989) 686-7479

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Dawn Bublitz  
3322 E. Gregg Drive  
Bay City MI 48706

Area Code and Phone (989) 891-7430

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

08/05/08

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper

**Pedro Santos**

Type or Print Name

Signature

Date

9/19/08

Candidate

**Janet Santos**

Type or Print Name

Signature

Date

9/19/08



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 15095

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Friends of Janet Santos

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions  |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>854.33</u>         |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>854.33</u>         | (18.) \$ <u>854.33</u>                      |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ <u>\$0.00</u>          | (19.) \$ <u>\$0.00</u>                      |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>854.33</u>          | (20.) \$ <u>854.33</u>                      |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>\$100.00</u>        | (21.) \$ <u>\$100.00</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>\$0.00</u>          | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>   |                                |   |
| 8. Expenditures   |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>\$862.53</u>       |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ <u>\$0.00</u>         |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ <u>\$0.00</u>         |   |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.) \$ <u>\$862.53</u>        | (23.) \$ <u>\$862.53</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |   |
| 10. Disbursements   |                                |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$ <u>\$0.00</u>        |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$ <u>\$0.00</u>        |   |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>\$0.00</u>         | (24.) \$ <u>\$0.00</u>                      |
| <b>DEBTS AND OBLIGATIONS</b>  |                                |   |
| 12. Debts and Obligations   |                                |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$ <u>\$152.16</u>      |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ <u>\$0.00</u>        |   |
| <b>BALANCE STATEMENT</b>  |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$266.91</u>       |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>854.33</u>       |   |
|   | (15.) = \$ <u>\$1,121.24</u>   |   |
| 15. SUBTOTAL Add lines 13 and 14  |                                |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$862.53</u>     |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.) \$ <u>\$258.71</u>       | *   |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 15095  
2. Committee Name Friends of Janet Santos

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.  |  | 6. Amount                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|---------------------------------|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/21/08</u><br>Name & Address:<br><b>David Schmidt</b><br>3290 Patterson Road<br>Bay City, Mi 48706   |  | \$ <u>250.00</u>                | \$ <u>250.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Business Owner</u> Employer <u>Schmidt Industries, Inc.</u><br>Business Address <u>3290 Patterson Road, Bay City, MI 48706</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | Click Here for Memo Itemization |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/24/08</u><br>Name & Address:<br><b>Pedro Santos</b><br>4646 Morningside Drive<br>Bay City, MI 48706  |  | \$ <u>584.33</u>                | \$ <u>834.33</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Electrician</u> Employer <u>Delphi/TRW</u><br>Business Address <u>3900 E. Holland Ave., Saginaw, MI 48601</u><br>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                  |  | Click Here for Memo Itemization |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/18/08</u><br>Name & Address:<br><b>Cynthia Luczak</b><br>808 Frost Drive<br>Bay City, MI 48706  |  | \$ <u>20.00</u>                 | \$ <u>854.33</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  | Click Here for Memo Itemization |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br>_____<br>_____<br>_____   |  | \$ _____                        | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |  | Click Here for Memo Itemization |   |

Page Subtotal **\$854.33**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) **\$854.33**

Enter this total on  
line 3a of Summary  
Page.



## ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 15095

## CANDIDATE COMMITTEE

2. Committee Name Friends of Janet Santos

3. Name and Address from whom received  
If contribution is from an individual, enter last  
name first. Check box to indicate if contribution  
is from a Political Committee or an Independent  
Committee (Both are commonly called PACs).  
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)  
5. Date of Receipt  
6. Name & Address of Vendor from whom goods or services were  
purchased

7. Amount or  
Fair Market  
Value

8. Cumulative  
for Election  
Cycle (Through  
date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes

Name &amp; Address:

Pedro Santos  
4646 Morningside Drive  
Bay City, MI 48706

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name &amp; Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan☒ Goods Donated or Loaned ☐ Services Donated☐ Goods or Services Purchased by Candidate or Others☐ Goods or Services Purchased by Candidate or Others- LOANDescription walking cards5. Date Of Receipt: 07/23/08

6. Vendor Name &amp; Address:

[Click Here for Memo Itemization](#)\$ 100.00 \$ 100.00☐ Fund Raiser ContributionContribution # 2 PAC Receipt? ☐ Yes

Name &amp; Address:

4. ☐ Endorsement or Guarantee of Bank Loan☐ Goods Donated or Loaned ☐ Services Donated☐ Goods or Services Purchased by Candidate or Others☐ Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name &amp; Address:

[Click Here for Memo Itemization](#)

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name &amp; Address:

☐ Fund Raiser ContributionContribution #3 PAC Receipt? ☐ Yes

Name &amp; Address:

4. ☐ Endorsement or Guarantee of Bank Loan☐ Goods Donated or Loaned ☐ Services Donated☐ Goods or Services Purchased by Candidate or Others☐ Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name &amp; Address:

[Click Here for Memo Itemization](#)

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name &amp; Address:

☐ Fund Raiser Contribution

Page Subtotal

\$100.00

\$100.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

\$100.00

Enter this total  
on line 6 of Summary  
Page

# ITEMIZED EXPENDITURES

## SCHEDULE 1B

### CANDIDATE COMMITTEE

1. Committee I. D. Number 150952. Committee Name Friends of Janet Santos

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)  | 5. Date                 | 6. Amount        |
|--|--|-------------------------|------------------|
| <b>Expenditure #1</b><br>Name <u>Bay City Democrat</u><br>Address<br><u>309 Ninth Street</u><br><u>Bay City, MI 48706</u><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>Printing</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>07/21/08</u><br>Date | <u>\$ 430.36</u> |
| <b>Expenditure #2</b><br>Name <u>Pedro Santos</u><br>Address<br><u>4646 Morningside Drive</u><br><u>Bay City, MI 48706</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>repay loan</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/23/08</u><br>Date | <u>\$ 292.17</u> |
| <b>Expenditure #3</b><br>Name <u>Pedro Santos</u><br>Address<br><u>4646 Morningside Drive</u><br><u>Bay City, MI 48706</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>repay loan</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/24/08</u><br>Date | <u>\$ 140.00</u> |
| <b>Expenditure #4</b><br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date           | \$ _____         |
| <b>Expenditure #5</b><br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date           | \$ _____         |
| Subtotal this page   |  |                         | <b>\$862.53</b>  |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule)   |  |                         | <b>\$862.53</b>  |

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 15095  
2. Committee Name Friends of Janet Santos

| This Schedule itemizes:  |  |   |                                       |  |
|--|--|---|---------------------------------------|--|
| a. <input checked="" type="checkbox"/> Debts and obligations owed <u>by</u> or forgiven the committee OR b. <input type="checkbox"/> Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.<br>(Check either a or b. Use only for the purpose checked.)   |  |   |                                       |  |
| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                       | 7. Date and amount of each payment  | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Pedro Santos</b><br><b>4646 Morningside Drive</b><br><b>Bay City, MI 48706</b>  | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/24/08</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 584.33</u> | <u>08/23/08 \$ 292.17</u><br><u>08/24/08 \$ 140.00</u><br><u>\$</u><br><u>\$</u><br><u>\$</u> | <u>\$ 432.17</u>                      | <u>\$ 152.16</u><br><input checked="" type="checkbox"/> FORGIVEN     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                       |  |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:   | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> _____<br><u>\$</u>                     | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                                 | <u>\$</u>                             | <u>\$</u><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                       |  |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:   | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u> _____<br>6. <u>Original Amount of Debt:</u> _____<br><u>\$</u>                     | <u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u><br><u>\$</u>                                 | <u>\$</u>                             | <u>\$</u><br><input type="checkbox"/> FORGIVEN                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____   |  |   |                                       |  |
| Page Subtotal (Outstanding debt)   |  |   |                                       | <b>\$152.16</b>  |
| Grand Total of all Schedules 1E<br>(Complete on last page of Schedule showing amounts owed by or to the committee)   |  |   |                                       | <b>\$152.16</b>  |

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number

15095 150195

2. Committee Name

Friends of Janet Santos

5. Committee's Mailing Address

4646 Morningside Drive  
Bay City, MI 48706

Area Code and Phone (989) 686-7479

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

Area Code and Phone \_\_\_\_\_

3. This Statement covers From: 07/21/08 to 08/25/08

4. Candidate Last Name

First Name

M.I.

Santos

Janet

4a. Office Sought Including District # or Community Served (If applicable)

Bangor Township Clerk

4b. County of Residence Bay

6. Treasurer's Name & Residential Address

Pedro Santos  
4646 Morningside Drive  
Bay City, MI 48706

Area Code & Phone (989) 686-7479

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Dawn Bublitz  
3322 E. Gregg Drive  
Bay City, MI 48706

Area Code and Phone (989) 891-7430

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

08/05/08

9c. ☐ Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper

Pedro Santos

Type or Print Name

*Pedro L. Santos*  
Signature

Date

9/03/08

Candidate

Janet Santos

Type or Print Name

*Janet Santos*  
Signature

Date

9/03/08



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 15095

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Friends of Janet Santos

| RECEIPTS  | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|---|--------------------------------|---|
| 3. Contributions  |                                |   |
| a. Itemized (Schedule 1A - Column 6)  | (3a.) \$ <u>270.00</u>         |   |
| b. Unitemized (less than \$20.01 each - no Schedule)  | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"  | (3c.) \$ <u>\$270.00</u>       | (18.) \$ <u>\$270.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)  | (4.) \$ <u>\$0.00</u>          | (19.) \$ <u>\$0.00</u>                      |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>\$270.00</u>        | (20.) \$ <u>\$270.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>   |                                |   |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$ <u>\$100.00</u>        | (21.) \$ <u>\$100.00</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$ <u>\$0.00</u>          | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>   |                                |   |
| 8. Expenditures   |                                |   |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$ <u>\$862.53</u>       |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$ <u>\$0.00</u>         |   |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$ <u>\$0.00</u>         |   |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.) \$ <u>\$862.53</u>        | (23.) \$ <u>\$862.53</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |   |
| 10. Disbursements   |                                |   |
| a. Itemized (Schedule 1C, Column 6)   | (10a.) \$ _____                |   |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.) \$ _____                |   |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS<br>(Add Line 10a + Line 10b)                         | (11.) \$ _____                 | (24.) \$ _____                              |
| <b>DEBTS AND OBLIGATIONS</b>  |                                |   |
| 12. Debts and Obligations   |                                |   |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$ <u>\$152.16</u>      |   |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$ <u>\$0.00</u>        |   |
| <b>BALANCE STATEMENT</b>  |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$266.91</u>       |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>\$270.00</u>     |   |
|   | (15.) = \$ <u>\$536.91</u>     |   |
| 15. SUBTOTAL Add lines 13 and 14  |                                |   |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$862.53</u>     |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)   | (17.) \$ <u>-\$325.62</u>      | *   |





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 15095  
2. Committee Name Friends of Janet Santos

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.  |  | 6. Amount                                       | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--|---|---|
| 3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/21/08</u><br>Name & Address:<br><b>David Schmidt</b><br><b>3290 Patterson Road</b><br><b>Bay City, MI 48706</b>   |  | \$ <u>250.00</u>                                | \$ <u>250.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Business Owner</u> Employer <u>Schmidt Industries, Inc.</u><br>Business Address <u>3290 Patterson Road, Bay City, MI 48706</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/18/08</u><br>Name & Address:<br><b>Cynthia Luczak</b><br><b>808 Frost Drive</b><br><b>Bay City, MI 48706</b>   |  | \$ <u>20.00</u>                                 | \$ <u>270.00</u>  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser   |  | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br>_____<br>_____<br>_____   |  | \$ _____  | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |  | <a href="#">Click Here for Memo Itemization</a> |   |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br>_____<br>_____<br>_____   |  | \$ _____  | \$ _____  |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser  |  | <a href="#">Click Here for Memo Itemization</a> |   |

Page Subtotal \$270.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) \$270.00

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 15095

## CANDIDATE COMMITTEE

2. Committee Name Friends of Janet Santos

| 3. Name and Address from whom received<br>If contribution is from an individual, enter last<br>name first. Check box to indicate if contribution<br>is from a Political Committee or an Independent<br>Committee (Both are commonly called PACs).<br>Report <u>all</u> in-kind contributions. | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were<br>purchased | 7. Amount or<br>Fair Market<br>Value | 8. Cumulative<br>for Election<br>Cycle (Through<br>date in Item 5) |
|---|---|--------------------------------------|--|
|---|---|--------------------------------------|--|

Contribution # 1 PAC Receipt? ☐ Yes  
Name & Address:

Pedro Santos  
4646 Morningside Drive  
Bay City, MI 48706

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description walking cards

5. Date Of Receipt: 07/23/08

6. Vendor Name & Address:

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes  
Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes  
Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal

\$100.00

\$100.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

\$100.00

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 15095  
2. Committee Name Friends of Janet Santos

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)  | 5. Date                 | 6. Amount        |
|---|--|-------------------------|------------------|
| Expenditure #1<br>Name <b>Bay City Democrat</b><br>Address<br><b>309 Ninth Street<br/>Bay City, MI 48706</b><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>Printing</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement   | <u>07/21/08</u><br>Date | \$ <u>430.36</u> |
| Expenditure #2<br>Name <b>Pedro Santos</b><br>Address<br><b>4646 Morningside Drive<br/>Bay City, MI 48706</b><br><input type="checkbox"/> Fund Raiser | Purpose: <u>repay loan</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/23/08</u><br>Date | \$ <u>292.17</u> |
| Expenditure #3<br>Name <b>Pedro Santos</b><br>Address<br><b>4646 Morningside Drive<br/>Bay City, MI 48706</b><br><input type="checkbox"/> Fund Raiser | Purpose: <u>repay loan</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/24/08</u><br>Date | \$ <u>140.00</u> |
| Expenditure #4<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date           | \$ _____         |
| Expenditure #5<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement             | _____<br>Date           | \$ _____         |

Subtotal this page **\$862.53**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$862.53**

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 15095  
2. Committee Name Friends of Janet Santos

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt                       | 7. Date and amount of each payment   | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
|--|--|--|---------------------------------------|--|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>Pedro Santos</b><br>4646 Morningside Drive<br>Bay City, MI 48706  | 4. Type: <u>Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/24/08</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>584.33</u> | 08/23/08 \$ 292.17<br>08/24/08 \$ 140.00<br>\$ _____<br>\$ _____<br>\$ _____ | \$ 432.17                             | \$ 152.16<br><input checked="" type="checkbox"/> FORGIVEN            |

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

|  |  |  |          |   |
|--|--|--|----------|---|
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by: | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____ | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ _____ | \$ _____<br><input type="checkbox"/> FORGIVEN |
|--|--|--|----------|---|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

|  |  |  |          |   |
|--|--|--|----------|---|
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by: | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____ | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ _____ | \$ _____<br><input type="checkbox"/> FORGIVEN |
|--|--|--|----------|---|

If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

**\$152.16**

Grand Total of all Schedules 1E

**\$152.16**

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.